Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

► Go to www.irs.gov/Form990PF for instructions and the latest information

air	2
, 10	Open to

		ndar year 2018 or tax year beginning JUL	1, 2018	, and ending	JUN 30, 201	9
		f foundation		· •	A Employer identification	
		LANT FAMILY FOUNDATION,			13-303960	4
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		. BOX 1574			860-546-8	818
		own, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is	pending check here
		Y, NC 27512	<u> </u>		4	
G	Check	call that apply Initial return		ormer public charity	D 1 Foreign organization	ns, check here
		Final return	Amended return		2 Foreign organizations m check here and attach of	neeting the 85% test
	2h1	Address change	Name change	2/1	check here and attach of	computation
H		x type of organization X Section 501(c)(3) ex	cempt private roundation Other taxable private founda	-tuan 134	E If private foundation st	
<u> </u>		ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Accounti		Accrual	under section 507(b)(
		· · · · · · · · · · · · · · · · · · ·	ther (specify)	Accidai	F If the foundation is in a under section 507(b)(
	•\$	5, 223, 093. (Part I, colum		s)	under section 307(b)(I/(D), CHECK Here
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
ت		(The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
<i>'</i> —	1	Contributions, gifts, grants, etc., received			N/A	
λ	2	Check X if the foundation is not required to attach Sch. B				
,	3	Interest on savings and temporary cash investments	2,374.			STATEMENT 1
	4	Dividends and interest from securities	100,266.			STATEMENT 2
	5a	Gross rents	163,131.			STATEMENT 3
	b	Net rental income or (loss) 163,131.				1
d)	6a	Net gain or (loss) from sale of assets not on line 10	-57,724.			
ž	b	Gross sales price for all assets on line 6a 8,645.				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
Œ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
		Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	4,774.	0.		STATEMENT 4
	12	Total Add lines 1 through 11	212,821.	0.		42.000
	13	Compensation of officers, directors, trustees etc	48,000.	4,800.		43,200.
	14	Other employee salaries and wages	2 015			2 015
S	15	Pension plans, employee benefits	3,915.	0.		3,915.
Sus	IDa	Legal fees Accounting fees				
ž		Other professional fees STMT 5	4,500.	- RE	CEIVED	4,500.
ē E	17	Interest	4,500.		79	4,500.
a≩	18	Taxes		ig FEB	1 1 2020	
ıstr	19	Depreciation and depletion			\$ S	
Ę	20	Occupancy		001		
∑. Şğ	21	Travel, conferences, and meetings			DEN, UT	
20	22	Printing and publications	•			
OJANA Aministrative Expense	23	Other expenses STMT 6	4,151.	0.		4,151.
ati (24	Total operating and administrative				
Opera		expenses Add lines 13 through 23	60,566.	4,800.		55,766.
. 0	25	Contributions, gifts, grants paid	270,595.			270,595.
••	26	Total expenses and disbursements				
·	_	Add lines 24 and 25	331,161.	4,800.		326,361.
Š	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-118,340.	·		
	b	Net investment income (if negative enter -0-)		0.		
	C	Adjusted net income (if negative, enter -0-)	L		N/A	

Form 990-PF (2018) GALLANT FAMILY FOUNDATIO Attached schedules and amounts in the description	Beginning of year	13-3039604 Pa		
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1 Cash - non-interest-bearing				
2 Savings and temporary cash investments	1,652,967.	1,431,871.	1,431,871.	
3 Accounts receivable ►				
Less allowance for doubtful accounts				
4 Pledges receivable ►			•	
Less allowance for doubtful accounts				
5 Grants receivable				
6 Receivables due from officers, directors, trustees, and other				
disqualified persons 7 Other notes and loans receivable			· · · · · · · · · · · · · · · · · · ·	
Less; allowance for doubtful accounts				
9 Prepaid expenses and deferred charges				
10a Investments - U.S. and state government obligations				
b Investments - corporate stock STMT 7	2,642,940.	2,841,821.	2,841,821	
c Investments - corporate bonds STMT 8	734,925.	803,162.	803,162	
11 Investments - land, buildings, and equipment basis				
Less accumulated depreciation				
12 Investments - mortgage loans	40.005	4.6.000	146 020	
13 Investments - other STMT 9	49,237.	146,239.	146,239	
14 Land, buildings, and equipment basis				
Less accumulated depreciation 15 Other assets (describe)				
15 Other assets (describe ►) 16 Total assets (to be completed by all filers - see the				
instructions Also, see page 1, item I)	5,080,069.	5,223,093.	5,223,093	
17 Accounts payable and accrued expenses		1 - 1 - 1 - 1		
18 Grants payablè				
g 19 Deferred revenue				
Deterred revenue 20 Loans from officers directors, trustees, and other disqualified persons 21 Mortgages and other notes payable Consultation (describe)				
21 Mortgages and other notes payable				
22 Other liabilities (describe STATEMENT 10)	1,350,893.	1,612,257.		
	1 250 002	1 (12 257		
23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	1,350,893.	1,612,257.		
Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31				
20 24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here				
and complete lines 27 through 31				
og 27 Capital stock, trust principal, or current funds	3,400,345.	3,400,345.		
28 Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.		
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	328,831.	210,491.		
30 Total net assets or fund balances	3,729,176.	3,610,836.		
	r 000 060	E 222 002		
311 Total liabilities and net assets/fund balances	5,080,069.	5,223,093.		
Part III Analysis of Changes in Net Assets or Fund Ba	lances			
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	0			
(must agree with end-of-year figure reported on prior year's return)		1	3,729,176	
Enter amount from Part I, line 27a		2	-118,340	
Other increases not included in line 2 (itemize)		3	0.	
Add lines 1, 2, and 3		4	3,610,836.	
Decreases not included in line 2 (itemize)		5	0,	
5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 30	. 6	3,610,836.	

	ANT FAMILY FOUN nd Losses for Tax on In						<u>_</u>	3-303	9604	Page 3
(a) List and describe the kind(s) of property sold (for example, real estate,			(b) How acquired (P - Purchase ((c) Date acquired		(d) Date	(d) Date sold		
	nouse; or common stock, 200 shs		,	D	- Purc - Don	chase ation		ay, yr)	(mo., da	ıy, yr.)
1a										
b SEE ATTACHED	STATEMENT			1					· · · · · · · · · · · · · · · · · · ·	
С				 						
d									_	
e	(I) D			<u>i</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 , , ,	st or other basis expense of sale					ain or (loss) s (f) minus (
a	-									
b										
С							·			
d										
e 8,645.		<u> </u>	66,36	59.						,724.
Complete only for assets showing ((I) Gains (C	ol (h) gain not less thar	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) col (j), if any					(from col (
a										
b										
<u>c</u>		<u> </u>								
d										704
e						T			-5/	,724.
2 Capital gain net income or (net capit	al loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0- \end{cases}$	in Part I, line	7	}	2				-57	,724.
	•		: 7	가						124.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		ig (e).		٦١						
If (loss), enter -0- in Part I, line 8	idiliii (<i>0).</i>			}	3			N/A		
Part V Qualification Und	der Section 4940(e) for	Reduced	l Tax on Net	Inv	estn	nent Inc	ome		1	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation doesn't qualify u Tenter the appropriate amount in eac	n 4942 tax on the distributable am inder section 4940(e) Do not com	nplete this par	t						Yes	X No
		istructions be	Tore making any e						(d)	
(a) Base period years Calendar year (or tax year beginning	in) Adjusted qualifying dist	tributions	Net value of no	(c) onchar	itable	-use assets		Distrib (col (b) divi	(d) ution ratio ided by col	(c))
2017	31	2,925.		6	, 80	9,399	•		.04	<u> 15955</u>
2016		5,022.				8,929				<u> 14128</u>
2015		2,234.				2,591				26283
2014		2,130.				2,908				50729
2013	1 19	<u>4,825.</u>	!	6	<u>, 14</u>	3,676	•		.03	31711
2 Total of line 1, column (d)									1 (98806
3 Average distribution ratio for the 5-y	ear baca pariod - divida the total c	on line 2 by 5	O or by the numb	or of	marc		2		• 1 3	70000
the foundation has been in existence		on line 2 by 5.	o, or by the numb	161 UI)	cai s		3		.03	39761
4 Enter the net value of noncharitable-	use assets for 2018 from Part X, I	line 5					4		6,682,	,129.
5 Multiply line 4 by line 3							5		265,	,688.
6 Enter 1% of net investment income	(1% of Part L line 27h)						6			0.
7 Add lines 5 and 6							7	-	265	688.
	- 4.500 1 4									
8 Enter qualifying distributions from P					_		8		346,	361.
If line 8 is equal to or greater than ling See the Part VI instructions	ne /, check the box in Part VI, line	1b, and comp	plete that part usin	ng a 19	% tax	rate				
323521 12-11-18									orm 990-F	PF (2018)
· · · · · · · · · · · · · · · · · · ·										- (2010)

		03960			ge 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see inst	ruc	tions	<u>) </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%				0.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			t	0.
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 1,901.				
b	Exempt foreign organizations - tax withheld at source 6b 0.				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
	Backup withholding erroneously withheld 6d 0.				
	Total credits and payments Add lines 6a through 6d		1	,90	1.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	,90	
	Enter the amount of line 10 to be Credited to 2019 estimated tax 1,901. Refunded 11				0.
	irt VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Y	es N	lo
	any political campaign?	18	\dashv		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	11:			X
Ū	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	-			
	distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?	10	.	;	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				<u>-</u>
•	(1) On the foundation ► \$ 0. (2) On foundation managers. ► \$ 0.				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
·	managers. > \$ 0.			}	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		;	X
_	If "Yes," attach a detailed description of the activities	<u> </u>	+	+	
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		ľ		
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		١,	K_
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48			K X
	If "Yes," has it filed a tax return on Form 990-T for this year?		_	 	<u>-</u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	+	 ,	<u> </u>
·	If "Yes," attach the statement required by General Instruction T	<u> </u>	\top	─	<u>•</u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
Ŭ	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?	6	Ι,	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		X	_
'	bit the foundation have at least φ0,000 in assets at any time during the year. It is est, complete t at th, co., (ο), and t at the	<u>'</u>	+	-	
Ωa	Enter the states to which the foundation reports or with which it is registered. See instructions.				
va	DE, NC				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
U	of each state as required by General Instruction G2 If "No," attach explanation	0.	,	X	_
9		<u>8b</u>	+	<u>n. </u>	$- \cap$
J	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV				, 0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	9	+	 {	<u>}_</u>
10	Did any persons decome substantial continuous during the tax year? If "Yes," attach a schedule listing their names and addresses	10		2	<u> </u>

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13-3039604 GALLANT FAMILY FOUNDATION, INC. Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х section 512(b)(13)? If "Yes." attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 Х If "Yes," attach statement See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ GALLANT FAMILY FOUNDATION Telephone no. > 860-546-8818ZIP+4 ▶27512 Located at ▶ P.O. BOX 1574, CARY, NC 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A Yes No 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, 16 Х securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? X Yes (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations Х section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2018? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5)). a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? Yes X No If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A 3b Х 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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orm 990-PF (2018) GALLANT FAMILY FOUNDATION, INC.	13-303	19604 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
		0.
A CONTROL OF THE CONT		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
SEE ATTACHED		
·		_
		0.
2		
3		
Doubly Blog (B. B. L.		
Part IX-B Summary of Program-Related Investments Describe the two largest program related investments made by the foundation during the tax year on lines.	and 2	Amount
1 N/A	3110 2	Amount
I M/ A		
		0.
2		
All other program-related investments. See instructions		
3		
······································		

Total. Add lines 1 through 3

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	,	·		· · · · · · · · · · · · · · · · · · ·
line 7				334,106.
2 Undistributed income if any as of the end of 2018		·		
a Enter amount for 2017 only			274,127.	
b Total for prior years				
,,		0.		<u></u>
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				,
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 ► \$ 326, 361.			274 127	
a Applied to 2017, but not more than line 2a			274,127.	
b Applied to undistributed income of prior		0.,		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u>U•</u>			52,234.
d Applied to 2018 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract			•	
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable	•			
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				224 252
be distributed in 2019				281,872.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019 Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.	<u> </u>			···
a Excess from 2014				
b Excess from 2015			ļ	
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				
				

	FAMILY FOU		<u>1C.</u>		039604	Page 1
Part XIV Private Operating F		-	I-A, question 9)	N/A		/
1 a If the foundation has received a ruling of						
foundation, and the ruling is effective for			▶ L	14040(3(0) 01	4040(3/5)	
b Check box to indicate whether the foun		ng toundation described		4942(j)(3) or4	4942(1)(5)	
2 a Enter the lesser of the adjusted net	Tax year (a) 2018	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) To	tal.
income from Part I or the minimum	(a) 2010	(0) 2017	(6) 2010	(0) 2013	(e) 10	
investment return from Part X for						
each year listed				 		
b 85% of line 2a					-	
c Qualifying distributions from Part XII,						
line 4 for each year listed				/		
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities			 /			
e Qualifying distributions made directly						
for active conduct of exempt activities						
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the						
alternative test relied upon						
a "Assets" alternative test - enter						
(1) Value of all assets				·	+	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year						
listed						
c "Support" alternative test - enter			į			
(1) Total support other than gross						
investment income (interest, dividends, rents, payments on						
securities loans (section						
512(a)(5)), or royalties)						···
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(I)(3)(B)(III)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income		As Alsia want ambe	if the formulation	had 65 000 as se		-4-
Part XV Supplementary Info			if the foundation	i nad \$5,000 or m	iore in assi	ets
1 Information Regarding Foundation	on Managers:	-				
a List any managers of the foundation wi		than 2% of the total conf	tributions received by the	e foundation before the cl	ose of any tax	
year (but only if they have contributed			•		,	
NONE						
b List any managers of the foundation wi			(or an equally large port	on of the ownership of a	partnership or	
other entity) of which the foundation ha	as a 10% or greater interes	st				
NONE						
2 Information Regarding Contribut			-			
Check here ► X if the foundation					quests for funds.	. If
the foundation makes gifts, grants, etc	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
a The name, address, and telephone nun	nber or email address of th	ne person to whom appli	cations should be addres	ssed		
b The form in which applications should	be submitted and informat	tion and materials they s	hould include			
c Any submission deadlines		·	····			
d Any restrictions or limitations on award	 ds, such as by geographic	al areas, charitable fields,	, kınds of institutions, or	other factors		

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		· · · · · · · · · · · · · · · · · · ·
a Paid during the year				
			·	
SCHEDULE ATTACHED				
				270,595
Total	<u> </u>		▶ 3a	270,595
b Approved for future payment				2.0,000
·				
NONE				
			- 11 20 20 7 2	
Total			▶ 3b	0.

Part XVI-A **Analysis of Income-Producing Activities**

Business code	(b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
Code		Code		
		 	1	
		1 1		
	••••		1.00	
		14	2,374.	
			100,266.	
				-
		16	163,131.	
		14	4,774.	
		14	-57,724.	
	0.		212,821.	
			13	212,82
		0.		14 100,266. 16 163,131. 14 4,774. 14 -57,724.

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
-	· · · · · · · · · · · · · · · · · · ·

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form 990-PF Part XVI		•				d Relations		039604 charitable		ige 13
1 Did the	organization directly or indi		of the following	no with any other	organization	described in sect	tion 501(c)		Yes	No
	han section 501(c)(3) organ					. 400011000 111 000				
•	rs from the reporting found	·								
(1) Cas	· · · ·	anon to a nononam	2010 0X0177P1 01	gameanon or				1a(1)		х
` '	ner assets							1a(2)		X
b Other tr										
	les of assets to a noncharita	ible exempt organiza	ition					1b(1)		X
	rchases of assets from a no							1b(2)		Х
	ntal of facilities, equipment,		v					1b(3)		X
	imbursement arrangements							1b(4)		Х
	ans or loan guarantees							1b(5)		X
	rformance of services or me	embership or fundra	ising solicitatio	ons				1b(6)		X
c Sharing	of facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees				10		Х
or servi	nswer to any of the above is ces given by the reporting f (d) the value of the goods, (b) Amount involved	oundation If the fou other assets, or ser	indation receiv		narket value	in any transaction		nent, show in	_	nts
		 	N/A	············						
~	•									
				•						
										
						ļ	·· · · · · · · · · · · · · · · · · ·			
						1				
								 		
	· · · · · · · · · · · · · · · · · · ·									
						 				
-	 									
ın sectio	oundation directly or indirectly or indirectly on 501(c) (other than section complete the following sch	on 501(c)(3)) or in s		or more tax-exer	mpt organiza	ations described		Yes	X] No
	(a) Name of org			(b) Type of org	anization	· · · · · · · · · · · · · · · · · · ·	(c) Description of rela	ationship		
	N/A									
							<u></u>			
1				<u> </u>						
Sign Here	der penalties of perjury. I declare de belief it is true, correct and consider a supplier of trustee	mplete Declaration of p	peparer (other the	ng accompanying sci ntaxpayer) is based	on all informa	PRESI	r has any knowledge DENT & FIVE DIREC	May the IRS of return with the shown below X Yes	e prepare ? Se <u>e ins</u>	er
	Print/Type preparer's na	ame	Preparer's s			Date	Check If I	PTIN		
Paid	STEVE ADEL	.SBERG	1 ()	^			self- employed	P00214	432	
Prepare Use Onl	Firm's name ► S A		& CQ		L.	<u> </u>	Firm's EIN ► 11			
	Firm's address ▶ 28						Dhone to /F1	6)504	121	າ
	<u> </u>	EAT NECK	NI TT	. U & 1			Phone no (51	<u>.6)504-</u>	10T	<u>ა</u>

Phone no (516)504-1313
Form **990-PF** (2018)

GALLANT FAMILY FOUNDATION, INC.

• (a) List and describe the kind(s) of property sold, e.g., real estate, (b) How acquired (c) Date acquired	(d) Date sold
2-story brick warehouse, or common stock, 200 shs. MLC Co.	mo , day, yr)
1a K1 - SUBURBAN PROPANE LP P	
b K1 - SUBURBAN PROPANE LP P	
c K1 - SUBURBAN PROPANE LP P	
d K1 - EV ENERGY PARTNERS LP P	
e MORGAN STANLEY - DETAIL AVAILABLE UPON REQUEST P 06/06/0803	1/15/19
f	
g .	
h	
k	
m	
n en	
0	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (or allowable) plus expense of sale (e) plus (f) minus (g)	
a 46.	-46.
b 69.	-69.
24.	24.
	15,260. 42,373.
	42,3/3.
f	
9	
<u>h</u>	
k	
m l	
n l	
0	· · · · · · · · · · · · · · · · · · ·
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col (h))	
(j) Adjusted basis (k) Excess of col (i) Gains (excess of col. (h) gain over co	ol (k),
(i) F M V. as of 12/31/69 as of 12/31/69 over col. (j), if any but not less than "-0-")	
a	<u>-46.</u>
<u>b</u>	<u>-69.</u>
<u>c</u>	24.
	<u>15,260.</u>
	<u>42,373.</u>
f	
<u>g</u>	
<u>h</u>	
1	
1.	
k l	
	·
m	
0	
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2	57,724.
	<i>31,14</i> 4.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)	
If (loss), enter "-0-" in Part I, line 8	

			·	
List of Grants: Gallant Family Foundal	Address	Foundation status of Recipient	Purpose of grant or Contrubtion	Amount
American Dance Festival	715 Broad St, Durham, NC 27705	501c3 exempt	All grants were made to public charities for operations and/or capital improvements	\$ 35,000 00
Community Culinary School of Northwest Conn	40 Main St New Milford Ct 06776	501c3 exempt		\$ 5,000 00
Eliot Pratt Education Center	163 Paper Mill Road, New Milford, CT 06776	501c3 exempt		\$ 60,860 00
Exponent Philanthropy	1720 N Street, NW, Washington, DC 20036	501c3 exempt		\$ 1,000 00
Gaspard & Dancers	106 Pathwood Lane Durham, NC 27705	501c3 exempt		\$ 25,000 00
Greater Washington Coalition for Jewish Life	PO Box 1456 Washington Ct 06793	501c3 exempt		\$ 1,000 00
New Milford Community Ambulance Corporation	20 Youngs Field Road PO Box 102 New Milford CT 06776	501c3 exempt		\$ 500 00
New Milford Historical Society	6 Aspetuck Ave, New Milford, CT 06776	501c3 exempt		\$ 500 00
New Milford Trust for Historical Preservation	PO Box 274 New Milford, CT 06776	501c3 exempt		\$ 500 00
North Carolina Grant Makers	3737 Glenwood Ave, Suite 460, Raleigh, NC 27612	501c3 exempt		\$ 315 00
Temple Sholom	122 Kent Rd, New Milford, CT 06776	501c3 exempt		\$ 25,000 00
The Childrens Center	11A Aspetuck Ave New Milford Ct 06776	501c3 exempt		\$ 85,000 00
Village Center for the Arts	12 Main St New Milford Ct 06776	501c3 exempt		\$ 29,920 00
Young Israel of Hewlett	1 Piermont Ave, Hewlett, NY 11557	501c3 exempt		\$ 1,000 00
Program Related Expenses	N/A	Used For Tax Exemp	t Purposes	\$ -
		Total Grants Distrib	uted During Fiscal Year	\$ 270,595.00

Last of December	Deleted Invest	······································	Family Foundation
LIST OF Program	Related invest	iments: Galiant	raminy roungation

Name	Address	of Recipient	or Contrubtion	Amount
N/A	N/A	501c3 exempt	All grants were made to public charities for operations and/or capital improvements	\$ -
** Return of Program Related Investment		Total Program Relate	ed Investments Made During Fiscal Year	\$ -

Total Grants and Program Related Investments Made During Fiscal Year <u>\$ 270,595.00</u>

FORM 990-PF INTERE	ST ON SAVIN	GS AND	TEMPOR	ARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE			(A) REVENUE ER BOOK			(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	E
K-1 356-358 SJP LLC K-1 SUBURBAN PROPAN LP SIGNATURE - CD	E PARTNERS		2,2	83. 5. 86.		0.		
TOTAL TO PART I, LI	NE 3		2,3	74.		0.		
FORM 990-PF	DIVIDENDS	AND I	NTEREST	FRO	OM SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	GA	ITAL INS DENDS		(A) EVENUE R BOOKS			
MORGAN STANLEY - BROKERAGE	100,266.		0.	-	100,266	•	0.	
TO PART I, LINE 4	100,266.		0.	-	100,266		0.	
FORM 990-PF		RENTA	L INCOM	E			STATEMENT	3
KIND AND LOCATION O	F PROPERTY					ACTIVITY NUMBER	GROSS RENTAL INCO	OME
K-1 356-358 SJP LLC	EIN 20-131	1295				1	163,13	31.
TOTAL TO FORM 990-P	F, PART I,	LINE 5	A				163,13	31.

FORM 990-PF	OTHER 1	INCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	· (B) NET INVEST- MENT INCOME	
K-1 SUBURBAN PROPANE PARTNERS K-1 EV ENERGY PARTNERS LP	LP	825. 3,949.	0	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	4,774.	0	•
FORM 990-PF C	THER PROFES	SSIONAL FEES		STATEMENT 5
DESCRIPTION ,	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
PROFESSIONAL FEES	4,500.	. 0	•	4,500.
TO FORM 990-PF, PG 1, LN 16C	4,500.	. 0	•	4,500.
FORM 990-PF	OTHER I	EXPENSES		STATEMENT 6
	(A)	(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST-		CHARITABLE
DESCRIPTION INSURANCE OFFICE EXPENSE	EXPENSES	NET INVEST- MENT INCOME	NET INCOM	CHARITABLE
INSURANCE	EXPENSES PER BOOKS	NET INVEST- MENT INCOME 0 0	NET INCOM	CHARITABLE PURPOSES 1,960.
INSURANCE OFFICE EXPENSE	EXPENSES PER BOOKS 1,960. 2,191.	NET INVEST- MENT INCOME 0 0 0	NET INCOM	CHARITABLE PURPOSES 1,960. 2,191.
INSURANCE OFFICE EXPENSE TO FORM 990-PF, PG 1, LN 23	EXPENSES PER BOOKS 1,960. 2,191. 4,151.	NET INVEST- MENT INCOME 0 0 0 TE STOCK	NET INCOM	CHARITABLE PURPOSES 1,960. 2,191. 4,151.
INSURANCE OFFICE EXPENSE TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	EXPENSES PER BOOKS 1,960. 2,191. 4,151.	NET INVEST- MENT INCOME 0 0 0 TE STOCK	NET INCOM	CHARITABLE PURPOSES 1,960. 2,191. 4,151. STATEMENT 7

FORM 990-PF CO	RPORATE BONDS		STATEMENT
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY BROKERAGE	-	803,162.	803,162
TOTAL TO FORM 990-PF, PART II, LINE 10C		803,162.	803,162
FORM 990-PF OTH	ER INVESTMENTS		STATEMENT
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
K-1 356-356 SJP LLC K-1 SUBURBAN PROPANE PARTNERS LP	COST COST	144,038.	144,038 2,201
TOTAL TO FORM 990-PF, PART II, LIN	E 13	146,239.	146,239
FORM 990-PF OTH	ER LIABILITIES		STATEMENT 1
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
UNREALIZED GAIN FROM BROKERAGE SECURITIES	-	1,350,893.	1,612,257
TOTAL TO FORM 990-PF, PART II, LIN	E 22	1,350,893.	1,612,257

Form 4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

2018

OMB No 1545 0052

Department of the Treasury Internal Revenue Service

Total

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

▶ Go to www.irs.gov/Form4720 for instructions and the latest information.

2019 JUN 30 1 For calendar year 2018 or other tax year beginning JUL 2018, and ending Name of organization or entity Employer identification number 13-3039604 GALLANT FAMILY FOUNDATION, INC. Number, street, and room or suite no (or P O box if mail is not delivered to street address) Check box for type of annual return Form 990 Form 990-EZ P.O. BOX 1574 X Form 990-PF Other City or town, state or province, country, and ZIP or foreign postal code CARY, NC 27512 Form 5227 Yes X Is the organization a foreign private foundation within the meaning of section 4948(b)? Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yos," attach a dotailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a If "No." (that is, any uncorrected acts or transactions), attach an explanation (see instructions) result of the correction > \$ Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) Tax on undistributed income - Schedule B, line 4 2 Tax on excess business holdings - Schedule C. line 7 2 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 Tax on taxable expenditures - Schedule E, Part I, column (g) 4 4 Tax on political expenditures - Schedule F, Part I, column (e) 5 Tax on excess lobbying expenditures - Schedule G, line 4 6 6 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) 7 Tax on premiums paid on personal benefit contracts 8 8 9 9 Tax on being a party to prohibited tax shelter transactions - Schedule J. Part I, column (h) 10 Tax on taxable distributions - Schedule K. Part 1, column (f) 10 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2 12 12 13 Tax on excess executive compensation - Schedule N 13 Tax on net investment income of private colleges and universities - Schedule O 14 14 15 Total (add lines 1 - 14) Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons Part II-A (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number b (c) Tax on self-dealing (d) Tax on investments that (e) Tax on taxable expenditures -(f) Tax on political expenditures Schedule A, Part II, col (d), jeopardize charitable purpose Schedule F, Part II, col. (d) Schedule E, Part II, col (d) and Part III, col. (d) Schedule D, Part II, col (d) Total (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) (h) Tax on excess benefit transactions - Schedule I, Part II, col (d), and Part III, col (d) (j) Tax on taxable distributions (g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col (d) Schedule K, Part II, col (d) b Total (k) Tax on prohibited benefits - Sch L (I) Total - Add cols (c) through (k) Part II, col (d), and Part III, col. (d)

Form 4720		GALLANT FAMILY FO			·	<u> 13-3</u>	039604	Page 2
Part II-		nary of Taxes (See Tax Paym				,		
		n Part II-A, column (I), that apply to man						
persor	ns, donors, dono	or advisors, and related persons who sig	n this form. If all	sign, enter the				
		: II-A, column (I)				1	•	
		ine 15, and Part II-B, line 1				2		
•	,	ng amount paid with Form 8868 (see ins	,			3		
		ger than line 3, enter amount owed (see			•	4		<u> </u>
5 Overp	ayment If line 2	is smaller than line 3, enter the difference			<u> </u>	5		
	1	SCHEDULE A - I		s on Self-Dea	iling (Section 4941)			
Part I		Self-Dealing and Tax Com	putation					
(a) Act number	(b) Date of act			(c) Description	n of act			
	UI act							
1	,							
2								
3								
4			<u></u>					
5	0	(5 000 P5 P2 11/11 P			(D. Installance and I	(0)	Tax on foundation	
(a)		r from Form 990-PF, Part VII-B, or art VI-B, applicable to the act	(e) Amount	t involved in act	(f) Initial tax on self- dealer (10% of col. (e))		pplicable) (lesser o	of \$20 000
	7 07111 0221,110	art vi b, apprioasio to tile act			000,01 (1070 07 001 (07)		or 5% of col (<u>e))</u>
·			+	-				
			-					
			†					
			 					
Part II	Summa	ry of Tax Liability of Self-D	ealers and	Proration of	Payments			
· aitii	!		ediers and	(b) Act no from	(c) Tax from Part I, col (f),	(d) Self-dealer's to	otal tax
	(a)	Names of self-dealers liable for tax		Part I, col. (a)	or prorated amount	liability	y (add amounts (see instructio	in col. (c))
				, ,,			(300 111311 00110	113)
						-		
				-				
						\dashv		
						_		
						1		
						7		
						7		
								
Part III	Summa	ry of Tax Liability of Found	lation Mana	gers and Pro	oration of Payments	•		
	/a) Nama	on of foundation managers liable for toy		(b) Act no. from	(c) Tax from Part I, col (g),	(d) N	lanager's total t	ax liability
	(a) Name	es of foundation managers liable for tax		Part I, col (a)	or prorated amount	(ai	dd amounts in d see instructio)	ins)
						_		
		SCHEDULE B - Initia	al Tax on U	ndistributed	Income (Section 4942)			
1 Und	istributed incom	e for years before 2017 (from Form 990	-PF for 2018, Pa	rt XIII, line 6d)		1		
2 Und	istributed incom	e for 2017 (from Form 990-PF for 2018,	Part XIII, line 6e	·)		2		
		ncome at end of current tax year beginni		•				
und	er section 4942	(add lines 1 and 2)				3		
4 Tay	- Enter 30% of b	ine 3 here and on Part I. line 1				4		

Form 4720 (2018)

	•	SCHEDULE C - Initial Tax	on Ex	cess Busines	s Hold	dings (Section 4943)	
Business	Holdings and	Computation of Tax		4197			
	•	gs in more than one business enterprise, a	attach a	separate schedule f	or each e	nterprise Refer to the ins	structions for
	before making any dress of business en						
Name and add	oress of business en	Herprise					
Employer idei	ntification number					>	
	•	artnership, trust, joint venture, sole propi	rietorshi	n etc)		>	
1 01117 01 011101	price (corporation, p	di trici sing, trast, joint vontare, sole propi	101010111	(a)		(b)	(c)
				Voting stock (profits interes beneficial intere	t or	Value	Nonvoling stock (capital interest)
1 Foundate	on holdings in busin	ess enterprise	1				
2 Permitted	d holdings in busines	ss enterprise	2				
	excess holdings in b	•	3				
days, or,	excess holdings disported of exces	s holdings not					
	o section 4943 tax (a excess holdings in bi		4				
line 3 mil		asmos omorpriso	5				
6 Tax - Ent	er 10% of line 5		6				
7 Total tax	- Add amounts on li	ne 6, columns (a), (b),				-	
and (c), 6	enter total here and c	on Part I, line 2	7				<u></u>
	SCHEDULE	D - Initial Taxes on Investm	nents	That Jeopard	lize Cl	naritable Purpose	Section 4944)
Part I	Investments	s and Tax Computation					
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount of investment		(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1							
2							
<u>3</u>							
5							
	n (e) Enter here and	·· · · · · · · · · · · · · · · · · · ·					
	n (f) Enter total (or	prorated amount) here and in Part II, colu	ımn (c),	below			
Part II	Summary of	Tax Liability of Foundation	Man	agers and Pro	oration	of Payments	
	(a) Names of fo	oundation managers liable for tax		(b) Investment no from Part I, col (a)		x from Part I, col (f), prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
	· 						
							
							t

			IIIIliai Taxes Oli Taxai			
Part I	Expenditures a	and Computa	tion of Tax			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	of recipient		xpenditure and purposes hich made
1						
2	10,000					
3		ļ				
4						
(f) Ques	tion number from Form 990 227, Part VI-B, applicable to	-PF, Part VII-B, or the expenditure	(g) Initial tax imposed on (20% of col. (b	foundation))	1 ' '	nundation managers (if applicable)-
			· · · · · · · · · · · · · · · · · · ·			
Part I, line						
Total - Co below	olumn (h) Enter total (or pro	rated amount) here	and in Part II, column (c),			
Part I	Summary of Ta	ax Liability of	Foundation Managers	and Proration	n of Payments	
	(a) Names of fo	oundation managers	s liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h) or prorated amount	(d) Manager's total tax hability (add amounts in col. (c)) (see instructions)
· · · · · · · · · · · · · · · · · · ·						
				 		
						_
		SCHEDULE F	- Initial Taxes on Politic	cal Expendite	Ires(Section 4955)	<u> </u>
Part I	Expenditures a	and Computa	tion of Tax			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political ex		(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))
1						
2						
3						
5	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>	·.			
Total - Co	olumn (e). Enter here and on	Part I, line 5				
		ated amount) here a	and in Part II, column (c), below			
Part I	Summary of Tax L	iability of Organi	zation Managers or Foundation	on Managers an	d Proration of Payments	3
		s of organization ma tion managers liable		(b) Item no fro Part I, col (a)		f), (d) Manager's total tax liabilit (add amounts in col. (c)) (see instructions)
			···			
			<u>-</u>			

SCHEDULE G -	Tax on Excess	: Lobbyina	Expenditures (Section	49111

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See the instructions before making an entry)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry)	2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part	I Expenditures	and Computa	tion of Tax			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures (e) Tax imposed organization (5% of contents.			(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1						
2						
3						
4			**************************************			
5						
Total - Co		orated amount) here	and in Part II, column (c), belo			
Part	II Summary of T	ax Liability of	Organization Mana		T	
	(a) Names of org	janization managers	liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
						- · · · · · · · · · · · · · · · · · · ·
				1		

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I	Excess Benefit	Transaction	s and Tax Computation					
(a) Transaction number	(b) Date of transaction	(c) Description of transaction						
1								
2								
3								
4								
5								
(d) Amount of excess benefit			(e) Initial tax on disqualified persons (25% of col (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))				
·								
		•	· · · · · · · · · · · · · · · · · · ·	Form 4720 (20				

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GALLANT	FAMILY	FOUNDATION	, INC.	

Part,II		Tax Liability of Disc						uea
		of disqualified persons liable for			(b) Trans no from Part I, col (a)	(C) Tax from F	articol(e)	(d) Disqualified person s total ta: liability (add amounts in col (c)) (see instructions)
	· · · · · · · · · · · · · · · · · · ·							
								_
								_

								-
								-
Part III	Summary of	Tax Liability of 501	(c)(3), (c)(4) &	(c)(29	9) Organizatio	n Manager	s and Pro	oration of Payments
								(d) Manager's total tax liability
	(a) Names of 50 1(c)(3), (c)	c)(4) & (c)(29) organization manag	ers liable for tax		(b) Trans no from Part I, col (a)	(C) Tax from F or prorated		(add amounts in col. (c)) (see instructions)
						<u> </u>		_
							·	-
]
								-
								1
							······	_
	SCHEDIH E	J - Taxes on Bein	a a Barty to B	robil	l hitad Tay Shall	tor Transa	ations (Ca	-t 4005)
Part I	Prohibited Ta	x Shelter Transact	tions (PTST) a	nd Ta	ax Imposed or	the Tax-F	xempt F	ntitv
	(see instructions)				,			
		(c) Type of transaction						
(a) Transaction number	(b) Transaction date	1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection			(d) Descripti	on of transactio	n	
1								
2								
3								
								· · · · · · · · · · · · · · · · · · ·
4								
				····		 -		
5								
(e) Did the t	ax-exempt entity know	or	<u> </u>					
have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attribute the transaction?			utable to the PTST	(g) 7	75% of proceeds attri PTST	butable to the		mposed on the tax-exempt ity (see instructions)
								
				 				
				 				
				 				
Total - Colun	nn (h) Enter here and	on Part I, line 9						

Part.II	Tax	Imposed on Entity Managers (S	UNDATION, Section 4965) Continue	ed					
		(a) Name of entity manager	333,33	(b)	Transaction mber from rt I, col (a)	transact	enter \$20 000 for each ion listed in col. (b) for manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))	
			-					,	
			-						
		,							
			Advised Funds (S					ning Donor	
Part I	Taxa	able Distributions and Tax Com							
(a) Item number		(b) Name of sponsoring organization donor advised fund	on and	(c) Description of distribution					
1									
2									
3					<u>.</u>				
4									
(d) Date distribut		(e) Amount of distribution		imposed on organization (20% of col. (e))			(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)		
-		er here and on Part I, line 10							
Part II	Sum	ter total (or prorated amount) here and in Part mary of Tax Liability of Fund N	Anagers and Pr	orat	ion of Pa	ymen	ts		
	(a) Name of fund managers liable for tax				(b) Item no from Part I col (a)		x from Part I, col. (g) prorated amount	(d) Manager's total tax liabilit (add amounts in col. (c)) (see instructions)	
		\$ \$ \frac{1}{2} \f	-						
			-						
			1						

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. SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967)

			See the instru	ctions		,		
Part I	Prohibited Be	nefits and Ta	c Computation					
(a) Item number	(b) Date of prohibited benefit	/al Description of handtit						
1								
2								
3								
4								
5								
(d) Amount of prohibited	d benefit	(e) Tax on donors, donor advis (125% of col (d)) (se	sors, or related person e instructions)	(f) Tax on fund manage 10% of col (d) or \$1	ers (if applicable) (lesser of 0,000) (see instructions)		
					-			
 								
Part II	Summary of T	ax Liability of	Donors, Donor Advis	ors. Related Pe	ersons, and Proration	on of Payments		
(a) Names of donors donor advisors or related persons liable for tax				(b) Item no from Part I, col (a)	(C) Tax from Part I col (e) or prorated amount	(d) Donor s donor advisor's or related person's total tax liability (add amounts in col. (c)) (see instructions)		
						_		
					,			
]		
						4		
						_		
B			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Part III	Summary of I	ax Liability of	Fund Managers and	Proration of Pa	yments	T		
(a) Names of fund managers liable for tax			(b) Item no from Part I col (a)	(C) Tax from Part I col (f) or prorated amount	(d) Fund manager's total tax hability (add amounts in col. (c)) (see instructions)			
						1		
						4		
				1				
						_		
						-		

7 Excise Tax on Net Investment Income Enter 1.4% of the amount in 6(f) here and on Part I, line 14

18) GALLANT FAMILY FOUNDATION, INC. 13-3039604 Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs

				(Sections 4959 and 5	01(r)(3)) (S	ee instru	ctions)			
Part	I Failu	res to Meet Section 5	i01(r)(3)							
(a) Item number	1 11111	lame of hospital facility	(c) Description of the failure			(d) Tax year hospital facility last conducted a CHNA			(e) Tax year hospital facility last adopted an implementation strategy	
1										
2	<u> </u>									
3		··· <u>·</u> ····								
4										
5										
Part	II Com	putation of Tax								
1 N	umber of hosp	oital facilities operated by the hos	pital organization that	failed to meet the Commu	inity					
Н	ealth Needs As	ssessment requirements of section	on 501(r)(3)					1		
2 T	ax - Enter \$50,	,000 multiplied by line 1 here and	f on Part I, line 12					2		
	SC	HEDULE N - Tax on E	xcess Executiv	e Compensation	(Section	<u>4960).</u>	(See ı	nstru	ction	s.)
(a) I tem number		b) Name of covered employee	(c) Excess remuneration			(d) Excess parachule payment			(e) Total Add column (c) and (d)	
1										
2										
3										
4										
5									<u></u>	
6	Attachment	, if necessary. See instructions								
Tota	1 (add column	(e) items 1 - 6)								
Tax.		the amount above here and on F								
	SC	HEDULE O - Excise Ta			Private (College	es and	i Univ	ersit	ties
Г	•		1 (3	Section 4968)		•	(a) Ad	minietra	truo	
		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Cap gain net ii	Capital expe t income to in		(e) Administrative expenses allocable to income included in cols (c) and (d)		(f) Net investment income (See instructions)
	Filing Organization									
	Related Organization									
3	Related								j	
	Organization									
1	Related Organization									
_	T									
5	i otal from atta	chment, if necessary								
١.	T - 4 - 1									
6	Total									

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	Under penalties and Malief it is t	of perjury, I dec rue, correct, and	lare that I have complete Deck	examined this return, includer a ration of preparer (other the	an taxpayer) i [P]	s based on all info RESIDENT	rmation (of which pr	eparer has ar	my knowledge ny knowledge.
(Signature o	f officer or truste	XCEN		<u>D</u> :	IRECTOR	Title			Date 1
	Signature (a advisor, or i	and organization related person	or entity name i	f applicable) of manager, se	elf-dealer, disq	ualified person, d	onor, dor	oor		Date
Sign Here	Signature (a advisor, or i	and organization related person	or entity name i	, f applicable) of manager, se	elf-dealer, disq	ualified person, d	onor, dor	oor		Date
	Signature (a	and organization related person	or entity name i	f applicable) of manager, se	elf-dealer, disq	ualified person, d	onor, dor	oor		Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person									Date
	May the IRS dis	scuss this return	with the prepar	er shown below? (see instr	uctions)			X Ye	s \Box	No
	Print/Type prep	arer's name		Preparer's signature		Date	Check self- er	if nployed	PTIN	
Paid Preparer Use Only	Firm's name	DELSBERG S ADEI		© CO			Firm's	EIN > 1	P0023 1-2479	
OSE OTHY		► 280 NO		BLVD.			Phone		16)504	 l-1313`
	1	-								orm 4720 (2018)

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